AN ADDRESS ON THE RELATIONS OF GENERAL PRACTITIONERS.

Delivered at the Annual Meeting of the South-Eastern Branch.

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President of the Branch.

THE first duty which I have to discharge in taking this chair is the pleasant one of returning to you my grateful thanks for placing me in this honourable position. Of all the successes of life, none are more gratifying than those which are bestowed upon one by the approving verdict of compeers; and the high honour of being chosen as your President has but one drawback, in that it leaves the rest of life bare. The yearly selection of men from the ranks of our profession to fill this office is a good custom. Our work presents a many coloured aspect as seen through different facets, and the combination of the many views is essential to the production of white light, which alone can give a true picture of the work and thoughts of the branch of the profession to which we mostly belong. It has been the choice of some of my predecessors to give us valuable local monographs upon the hygienic aspect of their towns; of others, to direct our attention to special points in the uses of drugs or their abuses, which have occurred, to them in the course of practice. For my part, like the needy knife-grinder, I must say: "Story! God bless you, I have none, to tell, Sirs!" but I propose to devote the time of hearing which is kindly allotted to me to some remarks concerning the relations of general practitioners: 1, intraprofessional; 2, in relation to patients; 3, as to the influence of their work upon themselves. In doing so, I feel that, through my special facet, the considerations which I bring before you will be at a considerably divergent angle from those which many of you may entertain; but I should fail in making my contribution to white light, and should show distrust of your wisdom in selecting me to this post, if I did not represent my own views truly.

The British Medical Association is, in itself, an important means, by bringing together in social meetings the various classes of medical and surgical workers, of correcting the evil of which I am about to complain. We, as general practitioners, all start in life unfairly weighted by undue appreciation on the part of others, and through them of ourselves. So it has always appeared to me, and the rehabilitation of our own self-respect is a work of subsequent time. An explanation of this is to be found in the unguarded way in which the teachers of our schools accept the statements of hospital-patients as to the former treatment of their cases, and the unfair manner in which the mistakes of the general practitioner are too often held up for the ridicule of, and avoidance by, students. Thus, it is rare that a student leaves a London hospital without a contempt for the opinion of the general practitioner. A wider knowledge of the frequent inaccuracy of the accounts of sick people, underlying which is a profound conviction that members of our profession will gladly hear of the mistakes of their brethren, and a more intimate association of the teachers of our different schools in some central body, such as a real teaching university of London, would correct this error, and teach our teachers that "Little Peddlington" is not the only place where right views can be taken. It does not appear undesirable, while upon this subject of medical teaching, that some portion of it at least should be definitely undertaken by the general practitioner. The great majority of our students are destined for general practice; but on what teaching-staff do we find a single general practitioner?—a condition of things subversive of the good old rule, "Who drives fat oxen, should himself be fat."

The subject of *materia medica*, frequently a dreary chronicle by Dryasdust, or more amusingly and interestingly treated as an exercise of high jinks in intellectual entertainment, would acquire a new and living interest in the hands of some of our brethren who had spent their lives in the exercise of its art. Any one who has been in mountainous districts must have observed that the wider views are to be obtained from comparatively humble hills in the neighbourhood of the loftier peaks. In like manner, we, who as general practitioners live under the shadow of our loftier London brethren, may in some things reach more extended prospects. When we see the all-pervading and constantly changing cloud of fashions which affect the whole

medical and surgical world of London, we may congratulate ourselves that our heads are free from the clouds. At certain periods, we may tell beforehand the ingredients of a physician's prescription, or the mode of procedure of consulting surgeons. The fashion of the hour, I am happy to say, has less effect upon those removed from the great centres, whom, as Emerson says, "that stern and blessed solitude has armed and sublimed out of all reach of the littleness and unreason of London." The practice of many operating surgeons, in leaving to the general practitioner who has called in their aid the discredited position of a spectator, while hospital students take the responsible office of assistants during an operation, is not to be commended.

In considering the intraprofessional relations, I would say a few words upon the subject of the admission of women to the medical profession; and I would express an earnest wish that no slight reasons should influence us in withholding from them a cordial reception into our ranks. The admission is now an accomplished fact, and it were well for us to gracefully accept it as such, and leave time to work out the true solution of their capability and usefulness among us. For my own part, I gladly accept their admission; but it is well to look at the matter through non-professional eyes, and I will place before you two such opinions, contrasting with them the public utterances of two most eminent opponents of our own profession. Thomas Carlyle says: "That medicine is intrinsically not unfit for them is proved from the fact that, in much more sound and earnest ages than ours, before the medical profession rose into being, they were virtually the physicians and surgeons as well as sick-nurses, all that the world had. Their form of intellect, their sympathy, their wonderful acuteness of observation, etc., seem to indicate in them peculiar qualities for dealing with disease, and evidently in certain departments (that of female disease) they have quite peculiar opportunities of being useful." A greater than Thomas Carlyle says, upon the general question of the possibility of their suppression, "Make the doors upon a woman's wit and it will out at the casement, shut that and it will out at the keyhole, stop that and it will fly with the smoke out at the chimney."

Sir William Jenner, speaking at a meeting of Convocation of the London University, says: "I have one loved daughter, and, sooner than see her sitting at the dissecting-bench, I would see her lying dead before me." Dr. Moxon, on the same occasion, drew his argument against the admission of women from the fact, that the female brain weighs 5½ ounces less than the male. Here we have, what I may call, on the side of the dissidents of our profession, the *argumentum ad virum* and the *argumentum ad feminam*. Our most revered and respected head, Sir W. Jenner, appeals to the feelings of man; but the idea of woman as a chattel of man is of the past; and, with like feeling, might a Turk of the present age decry the desecration of his ideal of womankind, in the contemplated abolition of the yashmak; while Dr. Moxon, whose subtle control of abstruse reasoning is well recognised, is reduced to an argument which a few generations of the higher education of women will deprive of all foundation in fact, and which, at its best, is no truer than the reasoning of the art-purchasers in "Pygmalion and Galatea." Chrysos says: "Now for its price. Let's see; what will it weigh?" and Daphne: "Why, bless my soul, young man, are you aware we gave but £1,500 not long since for an Apollo twice as big as that?" If feeble as to brain-product, how much more feeble is such a reason as to the brain itself. The fact of the difference in brain-weight should tend really as an argument in the opposite direction, pointing to the need of the stimulus of higher exercise of the intellectual faculty. We live in an age of advance, and cannot be unconcerned in that stage of progress of the human race which affects half its number. To admit, as we were all doing quite recently at Oxford, the principle of the higher education of women, and to leave that higher development which will result, without free and worthy exercise of its increased power, would be like the man who cleans swept and garnished his house, but left it open for seven other devils worse than the former.

No one who has worked in the ranks of our profession can fail to have been profoundly affected by the most painful condition of many of the opposite sex, who, aimless and despairing, victims of a hopeless disease, the *vie mangée*, fill many pages of nosology with protean types of neurotic suffering. Is it not a consummation devoutly to be wished, that some of these sufferers should find a new and healthy prophylactic in the exercise of our profession? The most valuable period of our own lives, that of university or hospital career, is lost to the lives of women, as they have hitherto been conducted. Can we fail to be interested in a movement which substitutes a *succès d'estime* in place of a *succès de physique*, and, placing intellectual qualities on a higher level than mere artificial allurements, will do much to free our own sex from the sudden attractions which have been the downfall of many of our best and wisest men? Even those who object

to the professional employment of women might do something to supply a motive of life to the unemployed, who are "rusting, not wearing out." The establishment of nursing guilds among unoccupied ladies, for the purpose of supplying the aid to the sick poor which we shall all agree is best given by women, would strengthen our hands greatly in dealing with the illnesses of the poor. This could easily be done by enrolling volunteers in our several districts, to whom could be apportioned hours of duty in severe cases. I am not drawing upon a hypothetical fancy in this, as I have myself seen a severe and prolonged case of acute rheumatism, and the after-treatment of a hernia-operation, successfully conducted throughout by the benevolent volunteer assistance of a few ladies.

Our work among retired members of our own profession must have made us all frequently regret the waste of much ripe knowledge held by those silent ones whose

"Sage experience doth attain
To something like prophetic strain."

No one has attended our Branch meetings at Reigate of a few years back without feeling how much we owed, socially and professionally, to the presence there of the honoured Nestor of our profession, Sir Thomas Watson. Might not these old members of our profession be induced to gravitate to some of our local centres, such as Reigate, where, under the kindly and hospitable ægis of Dr. Holman, they might come more frequently to our meetings, and give us some of their "wrinkles?"

Upon strictly intraprofessional relations as to etiquette, etc., it is not my intention to touch further than to hint that "mutual forbearance" is the key to most of the complications which arise, and that the golden ethical rule of "put yourself in his place" is a better guide than nursing our own wrongs. Among our intraprofessional relations must not be forgotten the duty of assisting those who have fallen out of the line; and as this book, the *Report of the British Medical Benevolent Fund*, discloses a tale of misery relieved without ostentation on the part of the distributors, or publicity to the recipients, I cannot too strongly recommend this most excellent Fund to the cordial support of all members of our profession.

Under the second heading of our relations to our patients, I approach the root of our existence, our *raison d'être*, and, in too many cases, the source of all our woes. Here, more than in any of our other relations, it is important that we should consider our subject from the point of view of the patient.

First, in regard to the want of success, which is, alas, an increasing ratio in these modern times in our ranks. Let us see if there is not some defect in our own conduction of medical practice which lies at the bottom of this. An increasing tendency shows itself in general practice to give up all connection with drugs. The old Apothecaries' Company, which has done such good service in professional education and in maintaining, alone of our public bodies, the interests of the general practitioners, "damned with faint praise," is dying out, and the custom of writing prescriptions is taking the place of the old dispensing system. Is this a prudent step? Are we not unmindful of the sentence of the wise man—"Of these the apothecary shall make sweet confections, and shall make up ointments of health, and of his works there shall be no end?" Is not the old relationship of practitioner and patient ready to be taken up by the pharmacist? Assuredly it will be so in the course of a few years, unless what some would think a retrograde movement, which I should rather call a standing upon the ancient ways, avert such evil. I would compare the present position of the medical man to that of a husbandman, who, with great pains and toil, had gathered a large barnfull of corn, which he recklessly disposed of by taking a plank out of his barn side, and allowing the grain to run over the ground to be used by all who could get it, much of it spoilt and unfit for food. Would such a mode of distribution tend to fill his pocket, or to benefit his customers? Each prescription which we write calls for many qualities; it can no more be written under fresh circumstances than a poet could reproduce a poem in the same words, without the stimulus of fresh incentive; yet we meet them broadcast, often applied to cases for which they were never intended, and continued in cases where their continuance is harmful. Unless we could introduce the German practice of never dispensing a prescription without counter-signature, this wholesale distribution of them will be an injury to the practitioner, and work harm to the patient. The fees of general practice are small for the purpose of enabling the practitioner to watch his cases, but too small for writing prescriptions which are to carry the patient through his illnesses under his own supervision. The old vice of excessive medication has passed away from the reproaches that can be attached to our profession with the cessation of charges for medicine; but a new injury to both patient and doctor is arising, which will terminate in damage to the former,

and extinction to many of the latter. In an age when all other ranks of our nation are taking sensibly to means of livelihood, which in former times would have been thought derogatory, is a foolish and snobbish contempt of association with drugs to be allowed to influence our profession to the detriment of its means of living? In this matter, the interest of the patient and of the medical attendant is really one. Can we think it any degradation to rely upon a mechanical source of bread-earning, when we recall the example of the greatest of modern thinkers, Spinoza, who refused to trust to his brain-work for his living, which he gained by the laborious mechanical occupation of grinding glasses for lenses? In our daily relations with patients, I think it a good rule to leave the personal element as much as possible out of the case, and to treat our connection as a business matter. We generally find in our work that the most unkindly cuts of all which we receive have been when we, for our part, have ignored the business part of our connection. To each unwilling patient, we should be ready to say, with King Henry V., "He that hath no stomach for the fight, let him depart." Our best work is always done where confidence is freely given. Apart from drugs altogether, much is in our power to help the sick. Kindly advice and encouragement, the suggestion of objects of interest, lines of thought or reading, open up to the practitioner a wide range of usefulness, which he will find in no pharmacopœia. In this department, it is true that "Qui legit, regit;" and many a lingering illness may be soothed, aye, and many a death-bed comforted, by encouragements from us which need not encroach upon or replace the ministrations of our sister-profession, the Church.

From the patient's point of view, the duties of the physician are well summed up by old Burton, "Only thus much I would require, honesty in every physician." Often the all-important question arises, How far are we to be open in the expression of our opinion to the patient? Certainly so far as is necessary to his safety or to the avoidance of risk. As to the name or nature of a disease, although absolutely frank in their statement to the friends, it is often merciful to withhold the exact nature of fatal disease from the patient. Are we in this matter to be wiser than Providence, which, knowing all, often discloses none? I would mention a case of cancer of the pharynx. A short time back, a case of congested throat, of some duration, disclosed, on closer examination, a mass of cancerous infiltration behind the tonsil. The patient was a strong minded old man of 60, sturdy, gnarled and stiff as an old oak; one would have thought him capable of bearing any definite knowledge better than uncertainty. I took a second opinion upon his case, which confirmed my own, and, on his return, he put the question directly to me, "Is it cancer?" I replied, "Yes." He rapidly made a will, and died in three weeks; whether or not the best termination, it is not in our power to say, but certainly the disease did not kill him, for there was neither hæmorrhage, nor much ulceration, nor stoppage of food. There is one point upon which, perhaps, we are not sufficiently alive, and that is in promoting euthanasia, or dying in a pleasant way. When our cases fail to yield to remedies, we have to devote our efforts to relieve pain and distress, and I do not think that these should be slackened, and that we should be unaiding spectators in the last painful struggle of death. I have frequently found a quarter of a grain of morphia, given hypodermically, convert the prolonged agony of dying, most distressing to the patient and his friends, into a quiet gliding away. Hear what Bacon says upon this: "And, further, we esteem it the office of a physician to mitigate the pains and tortures of diseases, as well as to restore health; and this not only when such a mitigation, as of a dangerous symptom, may conduce to recovery; but also, when, there being no further hopes of recovery, it can only serve to make the passage out of life more calm and easy. For that complacency in death which Augustus Cæsar so much desired, is no small felicity. This was also observed in the death of Antoninus Pius, who seemed not so much to die as to fall into a deep and pleasing sleep. But the physicians of our time make scruple of attending patients after the disease is thought past cure, though, in my judgment, if they were not wanting to their own profession and to humanity itself, they should here give their attendance to improve their skill, and make the dying person depart with greater ease and tranquillity." Our duties would be greatly lightened were patients in general to take to heart the advice of old Burton:

"1. That he be not too niggardly miserable of his purse, or think it too much he bestows upon himself, and, to save charges, endangers his health.

"2. That, out of bashfulness, he do not conceal his grief.

"3. A third thing required in a patient is confidence, to be of good cheer, and have sure hope that his physician can help him.

"4. That the patient be not too bold to practise upon himself without an approved physician's consent, or to try conclusions if he read a

receipt in a book; for so many grossly mistake, and do themselves more harm than good."

Our lives as practitioners of medicine can never be tame or monotonous. Constantly on the stretch, with unknown responsibilities facing us on all sides, liable to all the varied misconceptions and misunderstandings which the anxieties among which we work engender, we cannot wonder that it has been written:

"Unhappy he, whom fate does urge on
To practise as a country surgeon."

When we consider the great proneness of each atom of matter to take on the action of surrounding atoms, and regard ourselves as each one the centre of a following of devoted friends and patients, to whom we are as oracles, we can, on a larger and calmer view of the whole case as it stands, welcome our losses and rebuffs as a wholesome corrective, reducing us to our proper level, and preventing us from becoming the victims of what Dr. W. B. Carpenter calls "disease of the ideational faculties."

—What effect upon ourselves has our daily contact with human suffering? Does it make us callous? A ready reply is to be found in the crowd of impostors who throng our consulting-rooms, in the charitable appeals which crowd upon us, and in this fact, that none in our various neighbourhoods are to be found more forward in promoting good and kindly social schemes than those who have retired from active practice.

In truth, there is no calling which is more exercised in the daily practice of altruism. Ease, pleasure, needful rest, and that study necessary to keep pace with the times, must all give way to the calls of duty; and ours were a dreary daily round, did we not idealise it and bring our common love for humanity into work as a motive power; so that it may be truly said of the medical worker:

"Love took up the harp of Time, and smote on all its cords with might,
Smote the chord of Self, which, trembling, passed in music out of sight."

So heavy are the demands upon our vital energy for the discharge of our work, and for influencing the hopes and allaying the fears of its subjects, that the yearly holiday is a necessity of our continued usefulness. This should be taken thoroughly, and not in the spirit of—

"'Heigho!' yawned one day King Francis,
'Distance all value enhances.
When a man's busy, why leisure
Strikes him as wonderful pleasure.
Faith! and at leisure then is he,
Straightway he longs to be busy.'"

In the present day, the work of medicine includes many outside questions of sanitation; and, although we often preach to deaf ears, we must be reconciled to do our duty, regardless of its success or want of success, recognising in our work a grand field for the growth of the higher qualities of humanity. And I close my short summary in the words of Robert Browning.

"So grind away, mouth-wise and pen-wise,
Do all that we can to make men wise;
But, if men prefer to be foolish,
Ourselves have proved horse-like, not mulish.
Sent grist, a good sackful, to hopper,
And worked as the Master thought proper."

ASYLUM FIRE-ESCAPES.—Trials were recently made with two improved telescopic fire-escapes, sent to the Hants County Asylum by Messrs. Merryweather and Sons, of Long Acre. The escapes will reach third story windows, and an ingenious apparatus has been adapted to travel with the sliding ladders, so as to be available for rescuing persons from either second or third floor windows with equal ease; and helpless patients can be rapidly put in at the top, and allowed to slide down to the ground without assistance or danger of injury. The escapes can each be raised, lowered, or wheeled about by one man, and a close box is fixed to contain and preserve the canvas shoot when out of use. In two minutes, an escape was wheeled 120 yards, and placed in position at an upper window ready for service.

EDUCATIONAL OVERPRESSURE.—A return has been presented to Parliament of the evidence given before the coroner relative to the death, on February 12th, of a child, aged 8, named Elizabeth Emma Rowley, who had been attending a school at Cheltenham, and whose death, according to the evidence, was caused by inflammation of the brain, and hastened by the mental strain from overwork. Dr. W. A. Moseley of Cheltenham, who attended the child, stated that the lessons which the deceased had to learn at school were too great a mental strain for a healthy child of seven or eight years to bear. In the condition in which this child was the strain would be more severe, and he most certainly thought that the mental strain she had to bear hastened her death.

LECTURES ON SOME IMPORTANT POINTS IN CON- NECTION WITH THE SURGERY OF THE URINARY ORGANS.

Delivered at the Royal College of Surgeons, June 1884.

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LECTURE IV.—IMPAIRED VESICAL FUNCTION: ITS VARIOUS FORMS AND CONSEQUENCES.

I HAVE selected the subject embodied in the following title—"Impaired Vesical Function and its Results"—because I venture to think that it is one which has not received that degree of attention from the profession which its importance demands. I feel little doubt you will concede that such an opinion is not likely to be expressed without sufficient warrant and due consideration. It is, however, a fact which many years' intercourse with my brethren, by way of consultation, not only here but abroad, has brought very prominently under my notice, that impaired vesical function is, among the many cases brought to me for solution, a morbid condition which is the cause of symptoms more frequently overlooked than any other in the range of urinary pathology.

[The lecturer cited various illustrations in support of this statement, and proceeded.]

Let it be understood at the outset, that the cases now alluded to do not necessarily belong to that large category in which hypertrophied prostate is the mechanical obstacle to the due performance of vesical function, and the indications of which are pretty generally, although not always, recognised. Prostatic change accounts for incompetency on the part of the bladder in a large proportion of cases, but it is by no means the cause in all. There are indeed numerous examples of impaired function due to causes in which disease of the prostate has no share.

But, before proceeding further, we will inquire what are the natural functions of the bladder regarded as a reservoir of urine.

The first function of the bladder is its ability to retain a considerable quantity of urine without occasioning any inconvenience to the individual, and without arousing in him any consciousness of its presence; and the mechanical attribute essential to the healthy organ is large extensibility of all its coats.

The second function of the bladder is the ability to empty itself, easily and completely, at the will of the individual; and in order to accomplish this, the coats of the reservoir must possess elasticity, which is a mechanical attribute, and also contractility, which is to be regarded as a "vital" one.

[The minute anatomy of the structures constituting the walls of the bladder was then briefly sketched, and their actions in relation to function described. He then continued:]

It will now become sufficiently obvious how strong is the probability that various morbid conditions may have the effect of impairing the two vesical functions—namely, the one, of expanding, to retain a quantity of urine; the other, of contracting, to expel the whole of it—and that so delicate an apparatus may be deranged by more than one form of disease. And such is the fact.

Regarding the views now generally received, I think that three chief modes by which impairment of the vesical-retaining function takes place are recognised, and may be represented as designating three classes, as follows:

Class I. Enlargement of growth from the prostate, obstructing more or less completely the urethra at its entrance to the bladder, and so presenting an obstacle, which the expulsive power of the bladder and associated muscles cannot surmount.

Class II. Loss of nerve-power to the muscles of the organ, constituting paralysis.

Class III. "Atony" of the structures of the bladder, invalidating their action: a term of doubtful import, and ordinarily so employed as to comprehend all other forms of vesical incompetence not designated by Classes I and II.